

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Required)
RECEIVED
AUG 31 2015

ENTERED

Permit #: 15-0327
Date: 9-9-15
Amount Paid: \$185
Refund: 9-9-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY BAYFIELD CO. ZONING DEPT.

BAYFIELD CO. ZONING DEPT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <u>Matt & Jody Hopster</u>	Mailing Address: <u>22450 Siskiwit Lake Rd</u>	City/State/Zip: <u>Connoctic 101 54827</u>	Telephone: <u>715-740-3455</u>						
Address of Property: <u>22450 Siskiwit Lake Road</u>	City/State/Zip: <u>Connoctic 101 54827</u>	Cell Phone: <u>715-209-5322</u>	Plumber Phone: <u>715-209-5322</u>						
Contractor: <u>Self</u>	Contractor Phone: <u>715-209-5322</u>	Plumber: <u>715-209-5322</u>	Plumber Phone: <u>715-209-5322</u>						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: <u>715-209-5322</u>	Agent Mailing Address (include City/State/Zip): <u>Connoctic 101 54827</u>	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
PROJECT LOCATION: <u>SE 1/4, SW 1/4</u>	Legal Description: (Use Tax Statement) <u>04-010-2-50-06-15-3 04-000-20000</u>	PIN: (23 digits) <u>04-010-2-50-06-15-3 04-000-20000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>1003</u> Page(s) <u>785</u>						
<u>SE 1/4, SW 1/4</u>	Gov't Lot <u>1/4</u>	Lot(s) <u>1/4</u>	CSM <u>1/4</u>	Vol & Page <u>1/4</u>	Lot(s) No. <u>1/4</u>	Block(s) No. <u>1/4</u>	Subdivision: <u>1/4</u>	Lot Size <u>1/4</u>	Acres <u>1/4</u>
Section <u>15</u> , Township <u>50</u> N, Range <u>06</u> W	Town of: <u>Bell</u>	Lot Size <u>1/4</u>	Acres <u>1/4</u>						

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain? If YES--continue	Distance Structure is from Shoreline: <u> </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If YES--continue	Distance Structure is from Shoreline: <u> </u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<u>\$20,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Ag	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Holding Tank</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/> Cemetery	<input checked="" type="checkbox"/> Pole Barn	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>64'</u>	Width: <u>44'</u>	Height: <u>24'</u>
Proposed Construction:	Length: <u>64'</u>	Width: <u>44'</u>	Height: <u>24'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with Loft	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with a Porch	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with (2nd) Porch	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with a Deck	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with (2nd) Deck	(<u> </u>)	<u> </u>
	<input type="checkbox"/> with Attached Garage	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Mobile Home (manufactured date)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Addition/Alteration (specify)	(<u> </u>)	<u> </u>
<input checked="" type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/> Accessory Building (specify) <u>Ag Barn</u>	(<u>64 x 32</u>)	<u>2048</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>Lean to</u>	(<u>64 x 8</u>)	<u> </u>
	<input type="checkbox"/> Other: (explain)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Special Use: (explain)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Conditional Use: (explain)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Other: (explain)	(<u> </u>)	<u> </u>
	<input type="checkbox"/> Rec'd for Issuance	(<u> </u>)	<u> </u>
	<input type="checkbox"/> SEP 08 2015	(<u> </u>)	<u> </u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Matt & Jody Hopster Date 8-31-15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

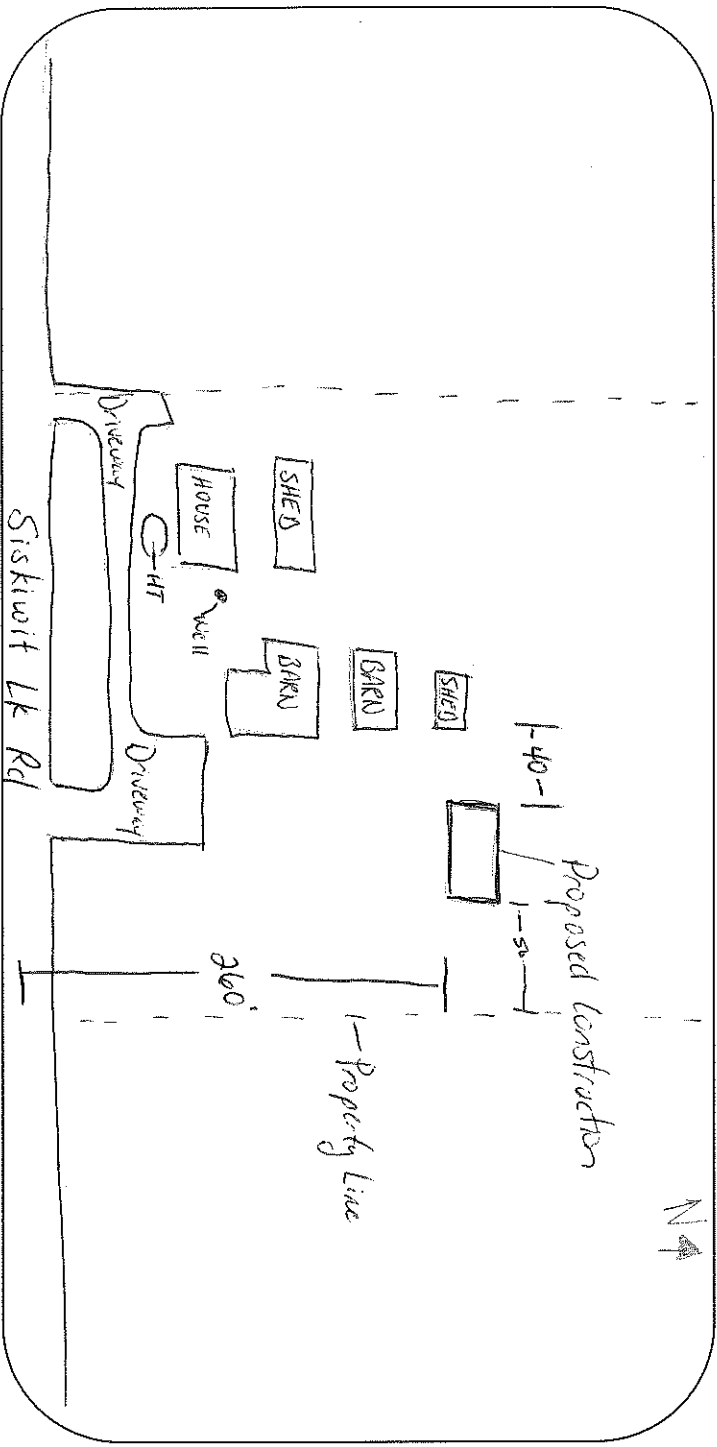
Address to send permit Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

If you recently purchased the property send your Recorded Deed

	Proposed Construction
(1) Show Location of:	North (N) on Plot Plan
(2) Show / Indicate:	(*) Driveway and (*) Frontage Road (Name Frontage Road)
(3) Show Location of (*):	All Existing Structures on your Property
(4) Show:	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(5) Show:	(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(6) Show any (*):	(*) Wetlands; or (*) Slopes over 20%
(7) Show any (*):	



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	260 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	4'-200 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	50 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	155 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)			Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):			Reason for Denial:					
Permit #: 15-0387			Permit Date: 9-9-15					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming			<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Case #:		Previously Granted by Variance (B.O.A.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner Was Property Surveyed		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:								
Date of Inspection: 9-9-15			Inspected by: J. Greenberg - Property		Zoning District: R-1		Date of Re-Inspection: 9-11-15	
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.			Builder span not yet used for habitation.					
Signature of Inspector: [Signature]			Date of Approval: 9-8-15					
Hold For Sanitary: <input type="checkbox"/> _____			Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____		Hold For Fees: <input type="checkbox"/> _____	

SOCKET - COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

After the fee: Fee \$1500

APPLICATION FOR PERMIT
BAYFIELD COUNTY-WISCONSIN
Date Stamp (received)
AUG 26 2015
Bayfield Co. Zoning Dept.

Remit #:	15-0308
Date:	9.9.15
Amount Paid:	\$150
Refund:	9.9.15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Owner's Name: Scott E Peterson		Mailing Address: 2303 Goldendead Wausau WI 54401		City/State/Zip: 54401		Telephone: 715-359-7105	
Address of Property: 85600 Rest Dr.		City/State/Zip: 7303 Goldendead Wausau WI 54401		Contractor Phone: 715 513-1225		Cell Phone: 715 513-1225		
Contractor: Gause		Agent Phone: Same		Plumber: NONE		Plumber Phone: NONE		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Peterson		Agent Mailing Address (include City/State/Zip): 2303 Goldendead Wausau WI 54401		Written Authorization Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Recorded Document: (i.e. Property Ownership) Volume: 10000 Subdivision: 10000		
PROJECT LOCATION: SE 1/4, NE 1/4		Gov't Lot: Gov't Lot		Lot(s): CSM: Vol & Page: Lot(s) No. Block(s) No.		Subdivision: Page(s)		
SE NE 1/4, NE 1/4		Town of: Bell		Lot Size: Acreage: 40				
Section: 26 Township: 26 N. Range: 26 W.		Distance Structure is from Shoreline: NONE feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> Shoreland <input type="checkbox"/> Non-Shoreland		Distance Structure is from Floodplain? <input type="checkbox"/> Yes--Continue <input checked="" type="checkbox"/> No		Distance Structure is from Shoreline: NONE feet				

Value at Time of Completion *include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$3500.00	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
Shed	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Holding
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Shed	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Tank	<input type="checkbox"/> Well
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: 10	Width: 10	Height: 12-0"
Proposed Construction:	Length: 10	Width: 10	Height: 12-0"

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X ()	
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
	with Loft	() X ()	
	with a Porch	() X ()	
	with (2 nd) Porch	() X ()	
	with a Deck	() X ()	
	with (2 nd) Deck	() X ()	
	with Attached Garage	() X ()	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
	Mobile Home (manufactured date)	() X ()	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X ()	
	Accessory Building (specify)	() X ()	
	Accessory Building Addition/Alteration (specify)	() X ()	
Rec'd for Issuance	Special Use: (explain)	() X ()	
SEP 08 2015	Conditional Use: (explain)	() X ()	
Secretarial Staff	Other: (explain)	() X ()	

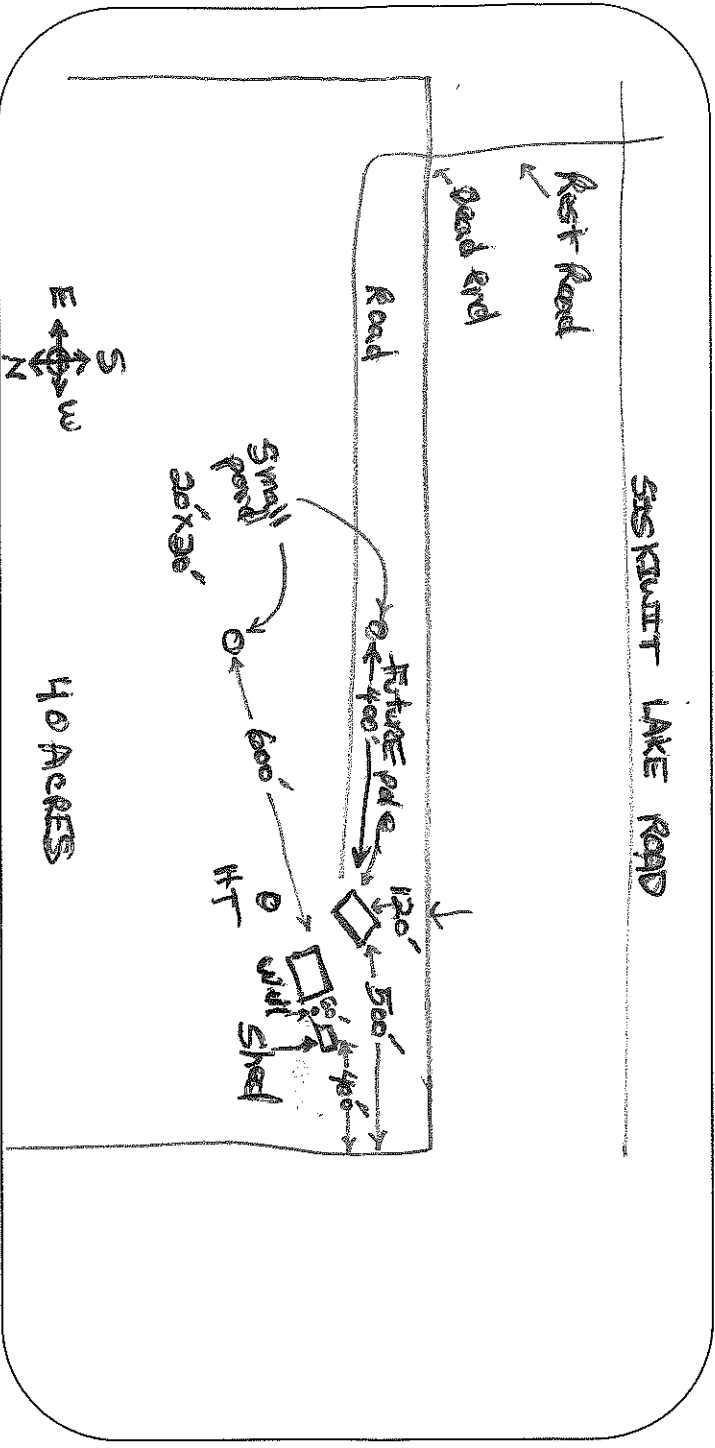
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Scott Peterson
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Scott Peterson
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit: 2303 Goldendead Wausau WI 54401

Date Aug. 24, 2015
Date Aug. 24, 2015

Look below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1320 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	400 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	900 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	130 Feet	Setback to Well	50 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 20071415	# of bedrooms: 4	Sanitary Date:			
Permit Denied (Date):	Reason for Denial:						
Permit #: 15-0388	Permit Date: 9-9-15						
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Deed of Record	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(Fused/Contiguous Lot(s))	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ATF		Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ATF					
Inspection Record: Found during inspection for new pole barns. Small access way w/ large attached culvert for storage.		Zoning District: A-1					
Date of Inspection: 8-18-15	Inspected by: Greenberg Murphy	Date of Re-Inspection:					
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - (If No they need to be attached)		Buildings shall not be used for human habitation.					
Signature of Inspector: [Signature]		Date of Approval: 9-8-15					
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
AUG 17 2015
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 15-03309
Date: 9-9-15
Amount Paid: \$75
Refund: 9-9-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Scott Peterson	Mailing Address: 2303 Oldemann Road, WI 54401 359.9105	City/State/Zip: 54401 359.9105	Telephone: (715)
Address of Property: 85600 Root Rd		City/State/Zip: Omro, WI 54887	
Contractor: Omro		Plumber Phone: None	
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Scott Peterson		Agent Phone: 715.573.1225	
PROJECT LOCATION: SE 1/4, NE 1/4		Agent Mailing Address (include City/State/Zip): 2303 Oldemann Rd, Washburn, WI 54887	
Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-010.2-50.02-16-1.04.000	
Gov't Lot		Lot(s)	CSM
Vol & Page		Lot(s) No.	Block(s)
Subdivision:		Lot Size	
Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/>		Distance Structure is from Shoreline: None feet	
Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/>		Distance Structure is from Shoreline: None feet	
<input checked="" type="checkbox"/> Non-Shoreland		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 18,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <input checked="" type="checkbox"/> Holding Tank <input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: <input type="checkbox"/> Tank <input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Foundation on gravel	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 48'	Width: 26'	Height: 14'
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	() X)	
	Residence (i.e. cabin, hunting shack, etc.)	() X)	
	with Loft	() X)	
	with a Porch	() X)	384'
	with (2nd) Porch	() X)	
	with a Deck	() X)	
	with (2nd) Deck	() X)	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X)	
	Mobile Home (manufactured date)	() X)	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify)	() X)	
	Accessory Building (specify)	() X)	1,248
	Accessory Building Addition/Alteration (specify)	() X)	
Rec'd for ISSUANCE	Special Use: (explain)	() X)	
SEP 08 2015	Conditional Use: (explain)	() X)	
	Other: (explain)	() X)	

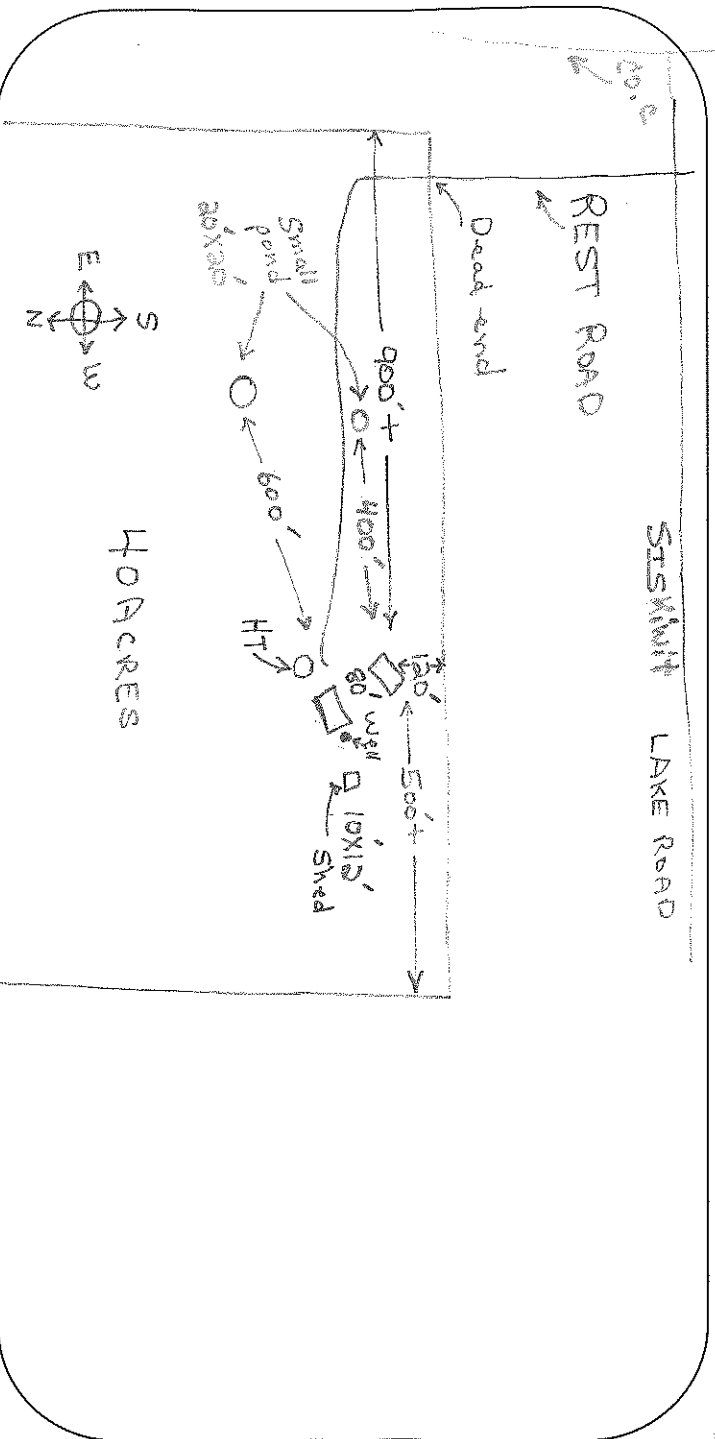
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to County of Bayfield being charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Maureen Peterson Scott Peterson Date Aug 13, 2015
(if there are Multiple Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Maureen Peterson Scott Peterson Date Aug 13, 2015
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 2303 Oldemann Rd Washburn, WI 54887 Attach Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

- (8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	1,400' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	1,120' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	500' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	900' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	120' Feet	Setback to Well	130' Feet
Setback to Drain Field	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 07-149 S	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-03309		Permit Date: 9-9-15		
Is Parcel a Sub-Standard Lot <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Deed of Record <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership <input type="checkbox"/> Yes (fused/Contiguous Lot(s)) <input type="checkbox"/> No		Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Case #: _____		Case #: _____		
Was Parcel Legally Created <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Were Property Lines Represented by Owner <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was Property Surveyed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Proposed Building Site Delineated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Inspection Record: unpermitted shed 2200 sq' permitted prior to approval 9-18-15		Zoning District: A-1-1		
Date of Inspection: 8-18-15		Inspected by: J. Greenberg, J. Smith		Date of Re-Inspection: _____
Condition(s): Town Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)		Condition(s): Building shall not be used for human habitation or sleeping purposes and shall not contain indoor swimming fixtures w/ connection to pressurized water unless connected to approved 9-18-15		
Signature of Inspector: _____		Date of Approval: 9-8-15		
Hold For Sanitary: <input type="checkbox"/> _____		Hold For TBA: <input type="checkbox"/> _____		Hold For Affidavit: <input type="checkbox"/> _____
		Hold For Fees: <input type="checkbox"/> _____		<input type="checkbox"/> _____

to approved plans.